



MONTANA
TELECOMMUNICATIONS
ASSOCIATION

October 28, 2010

Marlene Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

Re: *In the Matter of* Rural Health Care Support Mechanism (WC 02-60)

Dear Ms. Dortch,

On October 26 the undersigned met with Brad Gillen, legal advisor to Commissioner Meredith Attwell Baker, to discuss the rural health care proposed rulemaking. The undersigned discussed the same issue on October 27 with Margaret McCarthy, legal advisor to Commissioner Michael Copps.

Mr. Feiss summarized the comments of the Montana Telecommunications Association (MTA), which were filed in response to the Notice of Proposed Rulemaking (NPRM) in the above docket. MTA recommends that the Commission not implement the infrastructure program as recommended in the NPRM. Instead, the Commission should promote broadband adoption by health care providers through the subsidization of broadband prices, as authorized by the Telecommunications Act.

MTA notes that its position is consistent with that of The American Telemedicine Association which similarly advises the Commission to abandon its plans to implement an infrastructure program.

Among the reasons for opposing the proposed infrastructure program are:

- The Telecommunications Act does not authorize the Commission to fund infrastructure construction by health care providers.
- The “excess capacity” rule currently applied to the rural health care pilot program violates the Telecommunications Act’s prohibition against the sale, resale or other transfer for value of telecommunications services supported by the rural health care program.
- Building infrastructure duplicates existing network infrastructure and is a waste of precious universal service support resources.
- By encouraging the removal of health care providers and other anchor institutions from the public telecom network, the proposed infrastructure program discourages private investment, contrary to the goals of the National Broadband Plan.

Mr. Feiss also pointed out that the Commission's OBI Technical Paper #4 states that health care providers can already obtain all the bandwidth they need. Access is not the problem; price is. In that regard, MTA supports the price subsidization aspects of the primary rural health care program and believes that enhancement of that program will encourage further broadband adoption that the National Broadband Program envisions.

Mr. Feiss also noted that two rural health care pilot projects in Montana provide valuable lessons applicable to the NPRM. One project, which is based on building a redundant fiber network, will serve fewer health care providers over a smaller geographic area, while costing more than another pilot project which leverages existing network facilities in a cloud-based network, serving more health care providers over a larger area—at a fraction of the cost of the fiber-based infrastructure pilot project.

Respectfully submitted,

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